

☐ Contract Meter ☐ Removed ☐ Existing ☐ New ☐ Replacement



PWS ID: #2200003

City of Bedford Public Works
1813 Reliance Parkway
Bedford, TX 76021
817-952-2200

Serial Number _____
 Replaces SN# _____
 Mapsco _____
 Contact Name _____

Assembly Location Information

Facility Name: _____ CIS Location ID: _____
 Service Address: _____ Zip: _____ Phone: () _____

Mailing Information

Mailing Name: _____
 Address 1: _____
 City: _____ ST: _____ Zip: _____ Phone: () _____

☐ PVB ☐ SVB ☐ DC ☐ DCDA ☐ RP ☐ RPDA ☐ Air Gap ☐ Other

Size: _____ MFG: _____ Model: _____

Assembly Location: _____

Hazard Type: _____ Meter #: _____

Water Turn Off Authorization: (Print) _____ Time: _____

Is the Assembly installed in accordance with manufacturer's recommendations and/or local codes?

☐ Yes ☐ No

	Reduced Pressure Principal Assembly		Pressure Vacuum Breaker		
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2			
Initial Test	Held at ____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at ____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at ____ PSID <input type="checkbox"/> Did Not Open	Opened at ____ PSID Did Not Open <input type="checkbox"/>	Held at ____ PSID Leaked <input type="checkbox"/>
Repairs and Materials Used					
Final Test/Date <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at ____ PSID <input type="checkbox"/> Closed Tight	Held at ____ PSID <input type="checkbox"/> Closed Tight	Opened at ____ PSID	Opened at ____ PSID	Held at ____ PSID
Test Gauge Used: Manufacturer/Model _____ SN: _____ Date Tested for Accuracy: _____					
Remarks: _____					
The above is certified to be true at the time of testing, as required by City of Bedford ordinance #11-2986.					
Certified Tester (print): _____			Company Name: _____		
Certified Tester (signature): _____			Company Address: _____		
Certified Tester #: BP _____			City: _____		
Service Restored: <input type="checkbox"/> Yes <input type="checkbox"/> No			State: _____ Zip Code: _____		
			Phone #: _____		

The backflow prevention assembly detailed above has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. Return the original test sheet to the City of Bedford within 10 days.

***TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS**

****USE ONLY MANUFACTURER'S REPLACEMENT PARTS**